

Good Afternoon Representative Sayers, Senator Handley, and Members of the Public Health Committee,

My name is Rosemary Mahon and I am here today to ask that you not only support HB 7157, An Act Concerning Direct Care Staff Training Requirements for Alzheimer's Special Care Units and Programs, but that you expand the bill to include ALL facilities that care for residents with Alzheimer's not just facilities with "specialized care units or programs", especially in regards to pain education.

In the state of Connecticut, there are approximately 249 nursing homes. Of these 249 homes, 70 facilities state that they have a "specialized care units or programs" for residents with Alzheimer's. In some of these facilities, once a resident is no longer a flight risk or behavior concern, they are moved from the specialized Alzheimer's unit to the general nursing home population. There are 18 facilities that do not accept anyone with the diagnosis of Alzheimer's. The remaining 161 facilities admit residents with Alzheimer's, in all stages of the disease, and place them with the general nursing home population.

By limiting the Alzheimer's training and pain education to only the facilities with a "specialized care unit, or program", does not address the needs of the residents in the remaining 161 facilities. These residents are suffering from the same affects of this devastating illness, yet the staff will not receive the education about the care, treatment, and progression of Alzheimer's, especially in the area of pain assessment and management.

Studies show nursing home residents, who are cognitively-intact, receive twice the pain medication as those residents who have cognitive impairments, such as Alzheimer's. Residents can live in the end stages of Alzheimer's for 2-3 years. During this time, residents have usually lost their ability to verbally communicate their needs, fears, and pain. Non-verbal signs and behaviors are their only means of communicating, and education about non-verbal communication is desperately needed.

In 2003, a year after my grandmother was admitted to an Alzheimer's specialized care nursing home, she became critically-ill from an undetected, large peri-rectal abscess that was 16 centimeters in length, and 2-3 centimeters in width. The wound remained undetected, until she was transferred to a local hospital 5 days later. After surgery she required extensive dressing changes that involved packing the wound 2-3 times per day; required four people to assist; and took 45 minutes to complete because of the location of the wound. My mother and I had to advocate for appropriate doses of morphine to keep her comfortable during these painful dressing changes. Since she had lost her ability to verbally communicate completely, if it had not been for our constant advocating for medications and educating staff about her non-verbal signs of discomfort, my grandmother would have suffered agonizing pain and fear in silence.

Six months later, when she was dying from the complications of the abscess, I truly learned how poorly educated the nursing staff was about pain assessment and

management. As the abscess continued to tunnel through her body and sepsis set in, my mother and I were at her bedside around the clock. I had to repeatedly ask to have her morphine dose adjusted to meet the needs of her pain. Later, after reviewing my grandmother's medical record, I found that throughout her entire stay in the nursing home, the nursing staff rarely performed any form of pain assessment, most noticeably in her last few days of life. I also encountered nurses who were not comfortable calling the physician on-call to adjust the doses of her morphine even as she shuddered and violently shook in her bed when repositioned as she inched closer and closer to death. One nurse stated she wanted to see if my grandmother could work through her pain before administering any more pain medication. My grandmother's CNA, complained to my family about how difficult my grandmother was to care for during her 18 months in the nursing home during my grandmother's last 4 hours of life. Having been a nurse caring for dying children and their families for the last 12 years, I was horrified by how poorly my grandmother was treated, assessed and cared for by some of the nursing home staff. It was unacceptable care.

After begging for hours for the nurse to contact the physician on call to increase her inadequate morphine dose, the nurse finally called and received an order to increase the dose. My grandmother died before receiving it.

The need for more education about caring for people with Alzheimer's, understanding the disease process, and how to assess and manage pain in not only people with Alzheimer's but anyone who is cognitively impaired, is essential to having quality, knowledgeable, and compassionate nursing care provided to all residents. These residents are at the mercy of the staff to meet their most basic and desperate needs. If the care within a "specialized" Alzheimer's facility could be so poor, how could it be believed that the need for Alzheimer's education and pain management is not needed in ALL facilities caring for residents with this disease?

I ask that you make a difference in the lives of all people with Alzheimer's, their families who watch them suffer, and the thousands, and thousands of people to come in the future as this disease continues claim more and more lives each year.

**WE NEED YOUR HELP!**

Thank you for your time and consideration of this important issue!

Sincerely,  
Rosemary Mahon, RN BSN

34 Birch Hill Drive  
Tolland, CT 06084  
860-872-9410  
Rosemary.mahon@gmail.com